



Office of General Services  
Office of Business Diversity

**Design and Construction**  
AN ISO 9001:2015 CERTIFIED ORGANIZATION

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**CONTRACTOR'S SDVOB UTILIZATION PLAN**

☐ Revised Plan

Contract No.: **M3145-C**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Submit completed responses to [DCSDVOB@ogs.ny.gov](mailto:DCSDVOB@ogs.ny.gov)

Contractor's Name, Address and Federal ID No.: <b>New Britain Roofing Company</b> <b>721 Fox Street</b> <b>Horseheads NY 14845</b>  Federal ID No.: <b>06-1344771</b>	Contract Description/Location: <b>Elmira CF Building 99</b>	Date Proposal Approved:	Date Printed: <b>4/3/2023</b>	Bid Date:	<b>SDVOB GOAL</b>  <b>6</b>
	Work/Job Order: <b>Replace Roof</b>	OGS Project Number: <b>M3145C</b>	Work Order Value:	Contract Amount: <b>921,673.00</b>	

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
<b>AmBuild Supply</b> <b>6605 Pittsford Palmyra Road Suite E10 Fairport NY 14450</b> Federal ID No.:	<b>EPDM Roofing Package</b>	<b>Summer/Fall 2023</b>	<b>177,000.00</b>		<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments: <b>(Over Goal Amount 121699.62)</b>	
Contractor's Signature: 		<b>FOR OGS USE ONLY</b> <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
Enter Name: <b>Josiah Skinkle</b>			
Title: <b>Project Manager</b>			
E-Mail Address: <b>jskinkle@newbritain-roofing.com</b>	Date: <b>4/3/2023</b>	OGS Authorized Signature: 	Enter Name: <b>Shafia Booker</b> Date: <b>4/4/2023</b>